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Bulletin



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GUY P. JONES
EDITOR

INSPECTION OF FOOD ESTABLISHMENTS.*

By M. E. JAFFA, M.S., Director, Bureau of Foods and Drugs.

This subject may well be discussed under two captions—inspection of the food establishment and the inspector. Quite often too much attention is paid to the former and not enough to the latter. It would not be amiss, considering the brief time allowed for this paper, to divide the discussion equally between the two captions: 1. The term, food establishment, may well include for this presentation four types: (a) the manufacturer, (b) the retailer, (c) eating houses, (d) institutions, (c) again, should be subdivided into restaurants, boarding houses, hotels, etc. Each of the above types calls for different inspection in detail but fundamentally a complete or comprehensive inspection involves three kinds: 1. hygienic, 2. sanitary, and 3. food; and of the three the first would appear to be the all important. This refers to the inspection of employees, a matter which is given sufficient attention in but very few of the inspections of food establishments. Serious results often follow the lack of proper hygienic inspection, and it is not necessary before an audience like this to discuss this matter in much detail. There have been too many illustrations of sickness resulting from food being contaminated by carriers of certain diseases, and this can only be prevented and avoided by a proper and complete medical inspection of

the employees in any establishment where food is manufactured, sold or distributed. The ordinary food inspector, no matter how efficient or how well versed in the subject he may be, as will be shown later on, is not in a position to efficiently conduct a medical inspection of the employees of an establishment and it would appear that this work should devolve upon the health officer's department of the respective locality. Naturally, many objections will be raised to this suggestion in view of the fact that many health officers are only part-time men and all are insufficiently paid to warrant their putting the proper amount of work or devoting sufficient attention to this all-important subject. It would appear to be a good illustration of the old saying—"what is everybody's business is nobody's business," but it certainly would also appear that one of the best investments that any community or municipality could make would be to adequately financially provide for medical inspection of the personnel of a food establishment and furthermore *no better work* could be done by such communities than to pass legislation which would require all employees of food establishments to submit to medical examinations so as to insure (1) their fitness for the respective position they hold and (2), to protect the consumers of the food handled by said employees.

The second kind of inspection, sanitary, is probably better provided for by state.

*Read at Conference of California Health Officers, Yosemite Valley, August 15, 1926.

city and county legislation than either the hygienic or food inspection.

The Food Sanitation Act, enforced by the State Board of Health and all local health officers and inspectors, is quite complete as far as the *sanitary* inspection of any establishment is concerned, but falls short of complete inspection on account of the lack of any reference to medical inspection of the employees of any food establishment. It may be said, of course, that food sanitation has nothing to do with the medical examination. Probably so, but proper medical inspection is so closely interwoven with sanitary inspection and food inspection that one without the other results in incomplete and insufficient and unsatisfactory condition of affairs and this is particularly true in the case of restaurants, bake shops, candy stores, etc. In all places, in other words, where the employee has to transfer the food product from the shelf container or the case container to the consumer by direct touch of the hand.

The Food Sanitation Act does refer to the necessity of the clothing of the operative being neat and clean, as it should be, and also to the fact that no employer shall require, permit or suffer any person to work, nor shall any person work in a building, room, basement or cellar, place or vehicle occupied or used for the production, preparation, manufacture, packing, storage, sale, distribution or transportation of food, who is afflicted or affected with any infectious or contagious disease. In many of these cases the employee could not disguise from the employer the fact that he was affected with the respective disease, but again, there are many others which the employee might be troubled with, but could disguise the fact from his employer. There is nothing in the Food Sanitation Act which requires a medical certificate to show that said employee is in condition to handle food.

It is agreed by all that a sanitary inspection of food establishments is very necessary whether that food establishment be a factory or an orphan asylum. Sanitary inspection is called for in each and every case, but with the exception of the medical side every necessary phase of this is covered by legislation, so that all that is necessary is to have inspections by health officers who are not afraid to follow the line of duty as is plainly pointed out to them.

A health officer should be in such a position and paid a sufficient salary to warrant his being independent of all parties concerned. The health officer's department is the most important in the community and until it is so considered

financially, we are not going to get the best conditions hygienically. Unfortunately, man is rated, governmentally, very low, from the standpoint of health and nutrition. This is well illustrated by the selective draft at the time of our war. Though exact figures vary in different states it has been stated by high authorities that somewhere in the neighborhood of 30 per cent of our young men were rejected as physically unfit for service. That similar results would have been found had an equal number of young women been subjected to a critical examination can only be surmised. In the opinion of many even a worse showing would have been made.

Had nutrition been, as it should have been, an integral part of the school problem or program, no such poor showing would have resulted as above indicated.

The United States Department of Agriculture receives about \$10,000,000 for animal industry work, and has between 4,000 and 5,000 employees. In addition to the Federal Appropriation, many of the states also render assistance in this direction.

What is the government doing for human nutrition? Very little indeed in comparison—not even 5 per cent of the amount is appropriated for human nutrition as a whole and, therefore, how much less for children specially.

That *the vital importance* of this work is not realized or appreciated as it should be is shown by the fact that there are towns, and good sized ones at that, as Dr. Holt says, whose total expenditures for health work, etc., is less than fifteen cents per capita, per annum, less than the average single admission to a moving picture show.

This could never happen if the health officer were a full-time, well-paid official. Such comments, however, as above made, will continue to be made, until the communities reach the decision that money invested for health is better invested than money invested in any other way.

In connection with sanitary inspection there is a point which many overlook, "penny wise and pound foolish," and that is with reference to the handling of jugs or demijohns of these drinking waters or other waters which are used in many offices. These glass containers, generally holding about five gallons, have no other means of carrying, for the delivery man, than the neck, and this is particularly true when they are inverted and set in the receptacle for use. Generally the man will take hold of these with his hand and the hand naturally can not be as clean as it should be, due to the fact that the man is either driving a team or an automobile,

neither of which occupations is conducive to hygienically or bacteriologically clean hands, but that makes no difference to the handler of these water containers. He puts it up, inverts it and places it in the receptacle without any covering or gloved hand. This is the procedure in many cases and therefore any undesirable contamination will be brought about by the immersion of the neck of this bottle in the receiver, from which the water is drawn by the consumer in the respective office or home. Many do not realize the importance of this point.

The nature of the food inspection depends naturally upon the kind of establishment that is being visited. One method of procedure would be in order for a factory, but would not be in order for a retail grocer, or a fruit market, or a restaurant. Again, a decidedly different method of food inspection—much more comprehensive—would be required if the inspector officially visited the commissary department of a state institution, which certainly is a food establishment.



Will Discuss Public Health Center.

The Southern Alameda County Medical Club, of which Dr. F. W. Browning, City Health Officer of Hayward, is President, will discuss the public health center as a community institution at its regular meeting to be held in Hayward November 8th. This organization is made up of physicians who reside in the southern part of Alameda County. The club promotes active discussion of problems relating to the public health and to the practice of medicine. The program to be presented at the November meeting is typical of the type that is commonly offered to the club members. Following is the program, as scheduled:

Subjects for discussion:

"The Public Health Center." "The Alameda County Public Health Center," by Dr. Alvin Powell, Director.

"The County Branches of Center," Five-minute talks by local Executive Nurses.

"The Public Health Center" from viewpoint of the State Board of Health, by Dr. W. M. Dickie, executive secretary.

"The Public Health Center" from viewpoint of the Alameda County Medical Association, by Dr. Thos. J. Clark.

"The Public Health Center" from viewpoint of the California Medical Association, by Dr. O. D. Hamlin, chairman, Board of Councilors.

General discussion.

Remember, the body once built is a permanent affair, and can not be altered or changed like a house. How important, therefore, for parents to have uppermost in mind what is best for the child's health and development that it should grow up and be a healthy and vigorous adult. Many women are overworked, have household cares, children to attend to, and their time fully occupied. They can, however, without additional burden, think whether the one or the other way is best; they can provide the right kind of food, see to fresh air, attend to immunizations, physical defects, school notices and the like. There is much they can do without adding to cares. The right thing and the right way of doing them at the right time, not only means a healthy child, but efficiency at school.—Buffalo Sanitary Bulletin.



"The family physician must educate his patients and community in preventive medicine and be to some extent a health administrator. His chief role and his chief service will be to keep his patients well. Evidently, such service can be made possible only by maintaining intimate, clinical information, well recorded, regarding every man, woman and child who seeks his service. And every man, woman and child in every community should have his health recorded in the files of his family physician. Too many of our inhabitants worry through life with only fairly good health, and while they accomplish their daily duties, these fairly well persons may never know the exuberance and happiness of perfect health. Hence, one goal of the future practitioner of medicine will be the attainment and maintenance of exuberant health, which is the inherent right of every person. A higher average of overflowing good health means a higher average of happiness, comfort, usefulness and economic value of the individual. The superman will never materialize without superhealth.

"The new era in medicine which physicians of the future must be prepared to enter must also rest on the foundation of a wide and comprehensive plan of personal and public health education."—Wendell C. Phillips, M.D., President, American Medical Association.



MORBIDITY.*

Diphtheria.

117 cases of diphtheria have been reported, as follows: Alameda County 2, Alameda 4, Oakland 10, Colusa 1, Antioch 1, Pittsburg 4, Fresno 1, Humboldt County 1, Kern County 1, Los Angeles County 12, Alhambra 1, Azusa 1, Glendale 1, Long Beach 1, Los Angeles 38, Torrance 1, Hawthorne 1, Orange County 6, Santa Ana 1, Sacramento 1, San Bernardino County 1, Upland 2, Hollister 1, San Diego 3, San Francisco 13, San Joaquin County 3, Stockton 1, Redwood City 1, Santa Clara County 1, Sonoma County 2.

Measles.

507 cases of measles have been reported, as follows: Alameda County 2, Alameda 36, Albany 3, Berkeley 34, Oakland 177, Piedmont 3, Colusa 1, Richmond 2, Fresno 1, Inyo County 1, Lemoore 1, Alhambra 2, Los Angeles 4, Pasadena 2, Monterey County 27, Monterey 2, Orange County 3, Sacramento 9, San Bernardino 5, La Mesa 1, San Francisco 84, San Joaquin County 9, Lodi 1, Manteca 1,

*From reports received on October 25th and 26th, for week ending October 23d.

Stockton 51, San Mateo County 1, Redwood City 3, Santa Clara County 12, Palo Alto 4, San Jose 13, Sunnyvale 4, Rio Vista 2, Red Bluff 6.

Scarlet Fever.

192 cases of scarlet fever have been reported, as follows: Alameda County 1, Berkeley 5, Oakland 11, Chico 2, Richmond 10, Fresno 1, Kern County 2, Lemoore 1, Los Angeles County 3, Alhambra 1, Glendale 2, Hermosa Beach 1, Huntington Park 1, Long Beach 8, Los Angeles 26, Pasadena 3, Pomona 1, Whittier 1, South Gate 3, Monterey Park 2, Maywood 2, Orange County 2, Fullerton 9, Huntington Beach 4, Orange 1, Santa Ana 1, La Habra 1, Sacramento 2, San Bernardino County 1, Redlands 1, Chula Vista 4, San Diego 9, San Francisco 23, Stockton 8, Tracy 2, San Luis Obispo County 5, Paso Robles 10, Redwood City 1, San Jose 7, Santa Clara County 9, Sonoma County 3, Stanislaus County 1, Oxnard 1.

Smallpox.

7 cases of smallpox have been reported, as follows: Los Angeles 1, Roseville 1, San Diego 1, Lodi 1, Stanislaus County 3.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Oakland 1, Calexico 1, Covina 1, Los Angeles 1, South Gate 1, Brea 1, San

Bernardino 1, San Diego County 1, San Joaquin County 2, Vacaville 1, California 2.

Whooping Cough.

58 cases of whooping cough have been reported, as follows: Alameda 1, Berkeley 16, Oakland 2, San Leandro 2, Inyo County 1, Los Angeles County 4, Alhambra 5, Long Beach 2, Los Angeles 2, Monrovia 1, Montebello 4, Pasadena 4, Maywood 2, Mill Valley 1, San Diego 1, San Francisco 7, San Joaquin County 2, San Jose 1.

Meningitis (Epidemic).

Two cases of meningitis have been reported, as follows: Oakland 1, Fresno County 1.

Poliomyelitis.

Six cases of poliomyelitis have been reported, as follows: Humboldt County 1, Los Angeles County 2, San Diego 1, Ventura County 1, San Bernardino County 1.

Encephalitis (Epidemic).

Glendale reported one case of epidemic encephalitis.

Jaundice (Epidemic).

Two cases of epidemic jaundice were reported from La Mesa.

Leprosy.

San Bernardino County reported one case of leprosy.

COMMUNICABLE DISEASE REPORTS.

	1926				1925			
	Week ending			Reports for week ending Oct. 23 received by Oct. 26	Week ending			Reports for week ending Oct. 24 received by Oct. 27
	Oct. 2	Oct. 9	Oct. 16		Oct. 3	Oct. 10	Oct. 17	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	82	106	126	148	55	94	78	125
Diphtheria.....	101	140	117	117	84	92	117	87
Dysentery (Bacillary).....	2	1	2	0	2	9	1	0
Encephalitis (Epidemic).....	2	0	3	1	0	1	1	2
Food Poisoning.....	0	0	0	1	0	0	0	0
Gonorrhoea.....	110	104	101	76	74	99	76	59
Influenza.....	19	18	15	10	5	14	10	16
Jaundice (Epidemic).....	0	0	0	2	0	1	0	0
Leprosy.....	0	2	0	1	0	2	1	0
Malaria.....	1	3	1	4	3	1	4	1
Measles.....	377	367	452	507	20	15	13	13
Meningitis (Epidemic).....	5	2	3	2	2	1	1	3
Mumps.....	110	101	129	131	102	101	118	147
Paratyphoid Fever.....	3	0	0	2	1	1	0	0
Pneumonia (Lobar).....	25	27	73	33	30	54	31	37
Poliomyelitis.....	6	3	3	6	13	17	16	9
Rabies (Animal).....	6	9	10	12	1	2	3	5
Rabies (Human).....	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	118	132	165	192	64	83	94	93
Smallpox.....	12	19	19	7	14	19	25	35
Syphilis.....	110	152	109	96	86	127	118	21
Tetanus.....	1	0	0	0	1	4	2	1
Trachoma.....	14	2	3	0	3	2	3	2
Trichinosis.....	0	0	0	0	0	1	0	0
Tuberculosis.....	163	192	124	194	155	289	167	150
Typhoid Fever.....	30	14	23	13	17	7	18	14
Typhus Fever.....	0	0	1	0	0	0	0	0
Whooping Cough.....	43	48	54	58	45	100	73	47
Totals.....	1340	1442	1533	1613	777	1136	970	867

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